Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.	GSH08-892931 DIV
First Inventor	JONES
Title	LINE AMPLIFICATION SYSTEM FOR
Everess Mail Label	THI094257305HS

TRANSMITTAL	Title		LINE AMP	LIFICA	TION SYSTEM FOR	
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express	Mail Label		EU984	4257285US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application co	ontents.	,	ADDRESS TO:	Mail Stop P. O. Box	sioner for Patents o Patent Application x 1450 ria VA 22313-1450	
(preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4.	15] R 1.63(d)) inpleted) is) g inventor(se 37 CFR	(if appli a. b. c. AC 9. 10. 11. 12. 13. 14. 15. 15. 16. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Computer Progratide and/or Aminicable, all necessary Computer Specification Se i. CD-R ii. Pape Statemen COMPANYIN Assignment Pape 37 CFR 3.73(b) S (when there is an ast English Translation Information Disch Statement (IDS)/ Preliminary Amer Return Receipt P (Should be specificat Certified Copy of (if foreign priority is Nonpublication R (b)(2)(B)(i). Appl or its equivalent. Other: Transmit Power of	R in dulam (Apple of Acid Side Side Side Side Side Side Side Si	plicate, large table or pendix) Sequence Submission ble Form (CRF) Listing on: CD-R (2 copies); or ring identity of above PLICATION PAR Ter sheet & document and Power of Citations (MPEP 503)	copies TS (s)) Attorney SB/35 Copy of
Prior application information: Examiner Moskowit For CONTINUATION OR DIVISIONAL APPS only: The entire under Box 5b, is considered a part of the disclosure of the reference. The incorporation can only be relied upon when a	tz, Nelson e disclosur accompar portion ha	re of the prior nying continuat s been inadver	Group / Art application, from vion or divisional a lently omitted from	Unit: 30	663 n oath or declaration is	oorated by
19. COR	RESPO	NDENCE AD	DRESS			
Customer Number or Bar Code Label	r No. or Atta	ach bar code lab	or []	Z Corre	espondence address be	low
Norman P. Soloway						
Name HAYES SOLOWAY P.C.					-	
Address 130 W. Cushing Street						<u> </u>
City Tucson	State	Arizona	Zip	Code	85701	
Country USA Tele	ephone	520-882-7623	· · · · · · · · · · · · · · · · · · ·	Fax	520-882-7643	
Name (Print/Type) Norman P. Soloway		Regis	tration No. (Attorne	y/Agent)	24,315	7
Signature VOMA	nack			Date	July 3, 2003	7

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TRANSMITTA for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Signature

\$642.00

С	mplete if Kn wn	
Application Number		
Filing Date	July 3, 2003	
First Named Inventor	JONES	
Examiner Name	Moskowitz, Nelson	
Group Art Unit	3663	
Attorney Docket No.	GSH08-892931 DIV	

METHOD OF PAYMENT (check all that apply)	T			FE	E CALCULA	ATION (co	ontinued)	
Check Credit card Money Other None			DNAL			· · · · · · · · · · · · · · · · · · ·		
Deposit Account: Form PTO -2038	Large I Fee	Entity Fee	Smail Fee	Entity Fee	-	Docarintia		Foo Doid
Deposit Account 08-1391	Code 1051	(\$) 130	2051	(\$)	Surcharge - late	Description fee or		Fee Paid
Number	1052		2052		•	•	filing fee or cover	
Deposit Account					sheet	•		
Name	1053		1053		Non - English s			
The Commissioner is authorized to: (check all that apply)	1804	2,520 920*	1804	920*	- '	-	IR prior to Examiner	
Charge fee(s) indicated below Credit any overpayments	1004	920	1004	920	action		•	
Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee	1805	1,840*	1805	1,840*	Requesting pub action	lication of S	IR after Examiner	
to the above-identified deposit account.	1251	110	2251	55	Extension for re	ply within fin	st month	
FEE CALCULATION	1252	410	2252	205	Extension for re	ply within se	cond month	
1. BASIC FILING FEE	1253	930	2253	465	Extension for re	ply within thi	ird month	
Large Entity Small Entity	1254	1,450	2254	725	Extension for re	ply within for	urth month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1255	1,970	2255	985	Extension for re	ply within fift	h month	
1001 750 2001 375 Utility filing fee 375.00	1401	320	2401	160	Notice of Appea	al		
1002 330 2002 165 Design filing	1402	320	2402	160	Filing a brief in	support of ar	n appeal	
1003 520 2003 260 Plant filing fee	1403	280	2403	140	Request for ora	l hearing		
1004 750 2004 375 Reissue filing	1451	1,510	1451	1,510	Petition to institu	ute a public i	use proceeding	
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive	e - unavoida	ble	
SUBTOTAL (1) (\$) \$375.00	1453	1,300	2453	650	Petition to revive	e - unintentio	onal	
2. EXTRA CLAIM FEES FOR UTILITY AND	1501	1,300	2501	650	Utility issue fee	(or reissue)		
Fee from	1502	470	2502	235	Design issue fe	е		
Extra Claims below Fee Paid Total Claims 45 -20** = 25 X 9.00 = 225.00	1503	630	2503	315	Plant issue fee			
Independent 4 - 3** = 1 X 42.00 = 42.00	1460	130	1460	130	Petitions to the	Commission	er	
Claims 42:00 = 42:00 Multiple Dependent =	1807	50	1807	50	Processing fee	under 37 CF	R § 1.17(q)	
Large Entity Small Entity	1806	180	1806	180	Submission of In Statement	nformation D	Disclosure	
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40			gnment per property	
1202 18 2202 9 Claims in excess of 20	1809	750	2809	375	Filing a submiss		al rejection	
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375		nal inventio	n to be examined	
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1801	750	2801	275	(37 CFR § 1.12 Request for Cor		nination (PCE)	
over original patent	1802	900	1802		Request for exp		` ,	
1205 18 2205 9 ** Reissue claims in excess of 20	1002	500	1002	300	of a design appl			
and over original patent	Oth	er fee (specify)					
SUBTOTAL (2) (\$) \$267.00								
**or number previously paid, if greater; For Reissues, see above	*Red	luced b	y Basic	Filing	Fee Paid	SUBTOT	AL (3) (\$)	
SUBMITTED BY						Complete (ii	f applicable)	==
Name (Print/Type) Norman P. Soloway		Registra Attorney	ation No /Agent)).	24,315	Telephone	(520) 882-7	623

WARNING: Informati n n this f rm may b come public. Credit card information should n t b included on this f rm. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Offica, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

July 3, 2003

CERTIFICATE OF Mopplicant(s): JONES, et a	AILING BY "EXPRESS :	MAIL" (37 CFR 1.10)	Docket No. GSH08-892931 DIV
Serial No.	Filing Date July 3, 2003	Examiner Moskowitz, Nelson	Group Art Unit 3663
vention: LINE AMPLII	FICATION SYSTEM FOR WA	VELENGTH SWITCHED OPTIC	CAL NETWORKS
I hereby certify that the f	ollowing correspondence:		
Divisional Patent Applica	ation		
	(Identify type	of correspondence)	
	e audicoocu io. Commissionei	rtor Patents, P.O. Box 1450, Ale	xandria, VA 22313-1450 c
weep and the second sec	July 3, 2003 (Date)	Shauna Bron	son
<u></u>	July 3, 2003		son
	July 3, 2003	Shauna Bron (Typed or Printed Name of Person Ma	son niling Correspondence)
·	July 3, 2003	Shauna Bron (Typed or Printed Name of Person Mo (Signature of Person Mailing C	son niling Correspondence) Correspondence)
<u></u>	July 3, 2003	Shauna Bron (Typed or Printed Name of Person Ma (Signature of Person Mailing C	ciling Correspondence) Correspondence)
	July 3, 2003	Shauna Bron (Typed or Printed Name of Person Mo (Signature of Person Mailing C	son iiling Correspondence) Correspondence) SUS
	July 3, 2003 (Date)	Shauna Bron (Typed or Printed Name of Person Ma (Signature of Person Mailing C	son iiling Correspondence) Correspondence) SUS
	July 3, 2003 (Date)	Shauna Bron (Typed or Printed Name of Person Ma (Signature of Person Mailing C EU984257285 ("Express Mail" Mailing Le	son iiling Correspondence) Correspondence) SUS
	July 3, 2003 (Date)	Shauna Bron (Typed or Printed Name of Person Ma (Signature of Person Mailing C EU984257285 ("Express Mail" Mailing Le	son iiling Correspondence) Correspondence) SUS